2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90082 012 ***150.00

DOCUMENT #. P93000071410

1. Entity Name
SOBEYS PRODUCE INC.

Principal Place of Business	Mailing Address
WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE., S-300 BOYNTON BCH. FL 33426 US	WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE., S-300 BOYNTON BCH. FL 33426 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0441887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODSGON, RUSS, ANDREWS, WOODS & GOODYEAR HODSON RUSS 1801 NORTH MILITARY TRAIL, STE 200 BOCA RATON FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE MCEWAN, WILLIAM 39 BELL ST NEW GLASGOW, NOVA SCOTIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/CEO NEW GLASGOW, NS B2H 2A8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUTTON, ANTHONY 200 GLADES RD STE-400 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVC HYNES, GLENN 216 BLUE HERON DR NEW GLASGOW, NOVA SCOTIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/EV/CFO NEW GLASGOW, NS B2H 5S5	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DICKSON, JAMES 32 ST. LAURENT PLACE HALIFAX NS 83M-4B8	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/EV/CDO B3M 4B8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLINSON, KEAY 29 SIERRA DRIVE NEW GLASGEW, SL B2H5T2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T CLINTON, KEAY NEW GLASGOW, NS B2H 6A3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCDOW, JANE 48 ST. BERNARD ST. NEW ELA5GEW, B2H 5U4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 NEW GLASGOW, NS B2H 5V4	☒ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane McDow SIGNATURE REQUIRED JANE MCDOW, ASSISTANT SECRETARY Jan 24, 2003 902-752-8371 ext. 2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #